

**Hightower Band and Guard Booster  
Club Clinician Check Request**

Date of request: \_\_\_\_\_

Amount requested: \_\_\_\_\_

Instruction provided:

\_\_\_\_\_Marching      \_\_\_\_\_Concert      \_\_\_\_\_Percussion

\_\_\_\_\_Color Guard      \_\_\_\_\_Other (describe)\_\_\_\_\_

**Make check payable to:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Phone number \_\_\_\_\_

Social Security # or Tax ID # \_\_\_\_\_

Signature: \_\_\_\_\_

Approved by (band director): \_\_\_\_\_

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Accounting Purposes Only:

Date Issued: \_\_\_\_\_ Approved by: \_\_\_\_\_

Check No: \_\_\_\_\_